

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ActBlue

Full Name (Last, First, Middle Initial)

A. BONNIE ROBBINS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2015

Mailing Address 2821 FAIRVIEW AVE. E., UNIT #8

City	State	Zip Code
SEATTLE	WA	98102

Transaction ID : SB28A_29013629Purpose of Disbursement
Contribution Refund

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Refund of contribution, initially earmarked for DCCC (C00000935)

Full Name (Last, First, Middle Initial)

B. EDITH ROBBINS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2015

Mailing Address 5360 OLD FRANKLIN CT.

City	State	Zip Code
GRAND BLANC	MI	48439

Transaction ID : SB28A_30176659Purpose of Disbursement
Contribution Refund

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

6.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Refund of contribution, initially earmarked for PROGRESSIVE CHANGE CAMPAIGN COMMITTEE (C00458000)

Full Name (Last, First, Middle Initial)

C. JAMES ROBBINS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2015

Mailing Address N8250 580TH ST.

City	State	Zip Code
COLFAX	WI	54730

Transaction ID : SB28A_28186023Purpose of Disbursement
Contribution Refund

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

3.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Refund of contribution, initially earmarked for DSCC (C00042366)

SUBTOTAL of Disbursements This Page (optional)..... ►

509.00

TOTAL This Period (last page this line number only)..... ►